

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						097857841		APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.					IND.
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5	/						55				
6	/						56				
7	/						57				
8	/						58				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	13						TOTAL IND.				
TOTAL DEF.	19	↓		↓		↓	TOTAL DEF.	↓		↓	
TOTAL CLAIMS	32						TOTAL CLAIMS				